EUROPEAN SEX WORKERS' RIGHTS ALLIANCE

Implementing Inclusive HIV Programming

with and for Trans and Gender Diverse Sex Workers

About ESWA

The European Sex Workers' Rights Alliance (ESWA) is a sex worker-led network proudly representing more than 100 organisations in 30 countries across Europe and Central Asia. Our aim is to ensure that all sex workers' voices are heard and that their human, health and labour rights are recognised and protected. With our actions and approach inspired by our membership community, we work to build a strong, vibrant and sustainable network that mobilises national, regional and international advocacy activity that moves us towards long-term, systemic change.

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Background

Sex workers[1] are recognised globally as a 'key population', a term used in the HIV field to describe marginalised and criminalised communities who are at greater risk of HIV and whose involvement in HIV responses is critical to ending the epidemic[2]. Available data shows that sex workers in Europe and Central Asia are much more affected by HIV and STIs than the general population, while the HIV/STI prevalence among sex workers varies significantly depending on the country and sub-region of Europe.

Criminalisation, legal oppression, stigma, discrimination and violence experienced by sex workers in Europe and Central Asia increase their vulnerability to HIV, sexually transmitted infections (STIs) and other health risks such as mental health issues. Legal barriers and stigma effectively drive sex workers underground, away from medical facilities and other health care services. This also hinders the collection of reliable data on sexual and reproductive health issues faced by people selling sexual services and makes it difficult to present a clear picture of sex workers' vulnerabilities to HIV and other STIs in the European region.

This lack of data is even greater for subgroups within the sex worker community, such as trans and gender diverse sex workers[3], who face additional vulnerabilities to HIV due to overlapping stigmas and legal barriers. The little data available from European countries indicates higher HIV prevalence and risk for this group. However, the lack of accurate population size estimates,

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[1] Sex workers include female, male, trans and gender diverse adults (18 years of age and above) who receive money or goods in exchange for sexual services, either regularly or occasionally. Sex work may vary in the degree to which it is "formal" or organized. It is important to note that sex work is consensual sex between adults, which takes many forms, and varies between and within countries and communities. See p. xii of Glossary in WHO, Consolidated guidelines on HIV, viral hepatitis and STI prevention, diagnosis, treatment and care for key populations, 2022, https://www.who.int/publications/i/item/9789240052390.

[2] Key populations are defined as groups who, due to their vulnerabilities, are at increased risk of HIV infection, regardless of the epidemic type or local context. They include men who have sex with men, people who inject drugs, people in prisons (and other closed settings), sex workers, and transgender people, and their expertise makes them essential partners in effective HIV responses. Definition taken from WHO, Consolidated guidelines on HIV prevention, diagnosis, treatment and care for key populations, 2014, p. 3, https://www.who.int/hiv/pub/guidelines/keypopulations/en.

[3] Transgender or trans is an umbrella term which includes those people who have a gender identity which is different to the gender assigned at birth, and those people who wish to portray their gender identity in a different way to the gender assigned at birth. Transgender includes those people who feel they have to, or prefer to, or choose to, whether by language, clothing, accessories, cosmetics or body modification, present themselves differently to the expectations of the gender role assigned to them at birth. This includes, among many others, transsexual and transgender people, transvestites, cross dressers, no gender, multigender, genderqueer people, intersex, and gender variant people who relate to or identify as any of the above. Definition taken from TGEU Glossary, https://tgeu.org/glossary/.

consistent survey methodologies, and disaggregation in country data renders trans and gender diverse sex workers invisible, with little possibility to compare data across the years or between countries.[4]

In response to these gaps, ESWA launched SWIPE (Sex Workers Inclusive Policies and Programmes in Europe)[5]. The aim of SWIPE is to improve sex workers' access to health and HIV services by building the capacities of sex workers, in particular trans and gender diverse sex workers, improving knowledge available about the stigma and discrimination sex workers face and strengthening networks of key stakeholders to better include sex workers in service provision, data collection and policy making. This factsheet is an outcome of this work, bringing In response to these gaps, ESWA launched SWIPE (Sex Workers Inclusive Policies and Programmes in Europe). The aim of SWIPE is to improve sex workers' access to health and HIV services by building the capacities of sex workers, in particular trans and gender diverse sex workers, improving knowledge available about the stigma and discrimination sex workers face and strengthening networks of key stakeholders to better include sex workers in service provision, data collection and policy making. This factsheet is an outcome of this work, bringing together best practices and recommendations for better inclusion of trans and gender diverse sex workers in HIV services and programmes.

[4] European Centre for Disease Prevention and Control (ECDC), Thematic report: Sex workers – Monitoring implementation of the Dublin Declaration on Partnership to Fight HIV/AIDS in Europe and Central Asia: 2014 progress report, 2015, https://www.ecdc.europa.eu/sites/default/files/media/en/publications/Publications/dublin-declaration-sex-workers-2014.pdf.

[5] For more information, visit: https://www.eswalliance.org/health_area

Trans and gender diverse sex work: intersecting inequalities

Overrepresentation in Sex Work

Numerous surveys have shown that trans and gender diverse people are overrepresented in sex work, and that this is the result of intersecting inequalities [6,7,8,9]. Due to transphobia, trans and gender diverse people often face exclusion from formal employment markets, and sex work is often one among a limited number of options to earn an income[10]. Legal and structural barriers, lack of access to education and formal employment opportunities due to discrimination, as well as the lack of access to healthcare due to stigma, have been identified as some of the main drivers for the higher proportion of trans and gender diverse people engaging in sex work[11]. The lack of accessibility and affordability of gender-affirming healthcare is also a significant factor, particularly when not covered by national healthcare schemes or insurance.[12]

This can especially be the case for trans and gender diverse sex workers who are migrants

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6 TGEU, The vicious circle of violence: Trans and gender-diverse people, migration, and sex work, 2017, https://transrespect.org/wp-content/uploads/2018/01/TvT-PS-Vol16-2017.pdf.

7 GATE, Trans and Gender Diverse Communities' Values and Preferences for HIV, Hepatitis, and STI Services: A Qualitative Study, 2022, https://gate.ngo/wp-content/uploads/2022/11/GATE-TGD-Values-and-Preferences-Report-2022.pdf.

8 UNAIDS, UNDP, UNFPA, UNODC, WHO, Penal Reform international, Technical Brief: Transgender People and HIV in Prisons and Other Closed Settings, 2022, https://www.unfpa.org/publications/technical-brief-transgender-people-and-hiv-prisons-and-other-closed-settings.

9 NSWP, Briefing Paper: The Needs and RIghts of Trans Sex Workers, 2014, https://www.nswp.org/sites/default/files/Trans%20SWs.pdf.

10 TGEU, The vicious circle of violence: Trans and gender-diverse people, migration, and sex work, 2017, https://transrespect.org/wp-content/uploads/2018/01/TvT-PS-Vol16-2017.pdf.

11 GATE, Trans and Gender Diverse Communities' Values and Preferences for HIV, Hepatitis, and STI Services: A Qualitative Study, 2022, https://gate.ngo/wp-content/uploads/2022/11/GATE-TGD-Values-and-Preferences-Report-2022.pdf.

12 STAR – The First Sex Workers Collective in the Balkans, Experiences and Perceptions of Sex Workers in the Republic of North Macedonia Regarding Access to and Use of HIV Prevention Methods: Condoms and Pre-Exposure Prophylaxis, 2020, https://starsexwork.org/wp-content/uploads/2020/07/Brief_summary_EN.pdf.

escaping violence, homelessness, and poverty in their home countries, particularly if undocumented, as they are more likely to be excluded from the formal economy[13]. In many European countries, a high proportion of trans and gender diverse sex workers are undocumented migrants fleeing transphobic violence to build a better life for themselves. The insecurity created by lack of legal residency creates additional barriers in access to housing, employment, social security benefits and healthcare, and basic citizenship rights - including access to justice - for fear of being deported[14]. Data shows that marginalisation of trans and gender diverse sex workers follows existing patterns of inequality, with xenophobia and racism not only resulting in a higher participation in sex work among migrants and people of color in the trans and gender diverse community, but also greater exposure to violence[15]. These same factors can also lead to higher levels of drug use, which places trans and gender diverse sex workers at greater risk of arrest and imprisonment due to overlapping forms of criminality[16]. This exacerbates their HIV risk and perpetuates an ongoing cycle of oppression and violence.

One survey in Europe found that 70% of trans and gender diverse sex workers engaged in sex work to earn a living, and that 40% of respondents said they did so because they did not have other opportunities[17]. However, sex work is also an important source of personal and community empowerment for trans and gender diverse sex workers. For example, the same survey found that 22.6% of trans and gender diverse sex workers said sex work allowed them to find acceptance for themselves[18]. Sex work was also seen as an opportunity to earn income outside of a hostile work environment, and as a way to earn money for achieving life goals - including to access gender affirmation therapies when otherwise inaccessible or unaffordable. Trans and gender diverse sex workers also expressed that working among their peers provided them with support, created a sense of community, and helped build networks and mentorship opportunities[19,20].

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[13] TGEU, The vicious circle of violence: Trans and gender-diverse people, migration, and sex work, 2017, https://transrespect.org/wp-content/uploads/2018/01/TvT-PS-Vol16-2017.pdf.

[14] NSWP, Briefing Paper: The Needs and RIghts of Trans Sex Workers, 2014, https://www.nswp.org/sites/default/files/Trans%20SWs.pdf.

[15] TGEU, The vicious circle of violence: Trans and gender-diverse people, migration, and sex work, 2017, https://transrespect.org/wp-content/uploads/2018/01/TvT-PS-Vol16-2017.pdf.

[16] UNAIDS, UNDP, UNFPA, UNODC, WHO, Penal Reform international, Technical Brief: Transgender People and HIV in Prisons and Other Closed Settings, 2022, https://www.unfpa.org/publications/technical-brief-transgender-people-and-hiv-prisons-and-other-closed-settings.

[17] TGEU, The vicious circle of violence: Trans and gender-diverse people, migration, and sex work, 2017, https://transrespect.org/wp-content/uploads/2018/01/TvT-PS-Vol16-2017.pdf.

[18] Ibid.

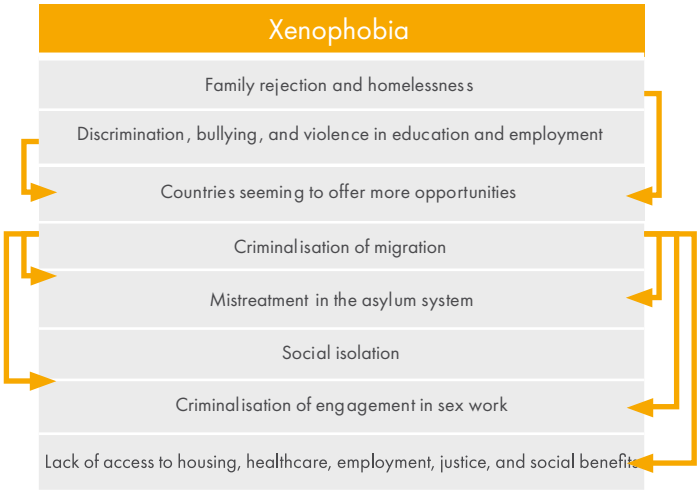
[19] Ibid.

[20] NSWP, Briefing Paper: The Needs and RIghts of Trans Sex Workers, 2014, https://www.nswp.org/sites/default/files/Trans%20SWs.pdf.

62% of murdered trans people whose occupation is known are sex workers

90%	88%	86%	78%	43%
of murdered trans people in Turkey are trans women	of murdered trans people in Europe are sex workers	of murdered trans people in the U.S. are people of colour and/or Native American	of murdered trans people in Italy are migrant sex workers	of murdered trans people in Europe are migrant sex workers

Racism	Transmisogyny
Family rejection, lack of support systems, homelessness	Discrimination in education, employment, housing, and healthcare
Lack of identification documents matching gender identity	Exclusion from legal sex work without legal gender recognition
Discrimination in hiring and at the workplace	Arbitrary fining, detention, and high incarceration rates
Increased mental and physical health problems due to anti-trans violence	Police harassment (reported by 79% of trans sex workers in Turkey)
Frequent mistreatment in health settings and lack	Lack of access to justice and victim support


Xenophobia
Family rejection and homelessness
Discrimination, bullying, and violence in education and employment
Countries seeming to offer more opportunities
Criminalisation of migration
Mistreatment in the asylum system
Social isolation
Criminalisation of engagement in sex work
Lack of access to housing, healthcare, employment, justice, and social benefits

Participation in sex work among people of colour

44.1% Black	33.2% Latinx	11% Asian	6.3% White

Trans sex workers murdered in the U.S.

72% Black	9% Latinx	2% Native	17% White

Community as Resilience

The importance of community for individual and collective empowerment is reaffirmed across leading data and guidance underpinning global health policy. The centrality of community empowerment and leadership to human rights responses, including effective and human rights-based HIV and STI programming with and for trans and gender diverse sex workers, is the guiding principle of this factsheet, which is intended as a resource for sex working and queer communities and their allies, and can be used as an advocacy tool with policymakers, funders, and healthcare providers. The factsheet weaves together leading international HIV guidance with current data and community resources, and sets forth the key elements and considerations of effective HIV programming developed and delivered with and for trans and gender diverse sex workers. Trans and gender diverse sex workers are experts in their lives, and should be engaged at all stages of the governance, planning, delivery and evaluation of health programming, which should comprehensively address their diverse needs throughout their life course.

Epidemiological overview

Global Situation

Members of key populations often live or work at the intersection of many different legal, social, or economic forms of oppression and exclusions that increase their vulnerability to HIV. This is why although key populations account for less than 5% of the global population, in 2021 key populations and their sexual partners comprised 70% of new HIV infections around the world. [21]

In 2021, the relative risk of acquiring HIV for female sex workers was 30 times greater than for adult women (15-49) in the general population globally. For transgender women, it was 14 times greater than for adult women (15-49) in the general population[22]. Globally, while the median HIV prevalence in the adult population aged 15-49 was 0.7% in 2022, for sex workers it was 2.5%, and for transgender persons it was 10.3%. [23]

In 2023, UNAIDS noted a continued lack of HIV programs, population size estimates, and HIV data for key populations globally, and estimated that millions of key populations were being undercounted or altogether unreported by countries, perhaps even deliberately. Transgender women were noted among the most undercounted of all key populations. A second UNAIDS report noted ongoing gaps in data on transgender men as well, with a recent systematic review showing that transmasculine people are more likely to be living with HIV than the general populations in their countries. Meanwhile, non-binary and gender diverse people are likely missing from global HIV data altogether. They may also face significant barriers in accessing healthcare, as they often encounter pressure within healthcare services to conform to stereotypes associated with one gender or the other, including pressure to transition to a different gender or to fit the sex assigned to them at birth. [24]

Data on trans and gender diverse sex workers is scarce, compared to data on cisgender female sex workers[25]. However, the little data available on trans and gender diverse sex

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[21] UNAIDS, In Danger: Global AIDS Update 2022, 2022, https://www.unaids.org/sites/default/files/media_asset/2022-global-aids-update_en.pdf.

[22] Ibid.

[23] UNAIDS, The Path that Ends AIDS: 2023 UNAIDS Global AIDS Update, 2023, https://thepath.unaids.org/wp-content/themes/unaids2023/assets/files/2023_report.pdf.

[24] Ibid.

[25] Stutterheim SE, van Dijk M, Wang H, Jonas KJ (2021) The worldwide burden of HIV in transgender individuals: An updated systematic review and meta-analysis. PLoS ONE 16(12): e0260063. https://doi.org/10.1371/journal. pone.0260063

workers shows that they face compounded inequalities due to intersecting stigmas, largely driven by overlapping forms of criminalisation and policing that expose them to higher levels of discrimination and violence. Transgender women engaged in sex work have a higher HIV prevalence than cisgender female sex workers[26], and a higher likelihood of experiencing violence and abuse compared to transgender people not engaged in sex work[27]. This is corroborated by community data, which showed that in 2022, half of the trans and gender-diverse people murdered globally were sex workers[28]. Transgender men also engage in sex work, have clients of all genders, and can face additional vulnerability from societal stigma surrounding sex work and same-sex relations. [29]

HIV prevention programs for key populations are often inconsistent or even absent, depending on the population and country, and young key populations tend to be most underserved. Reduction of new HIV infections has also been uneven among key populations. UNAIDS notes that while sex workers saw a decrease in new infections from 2010 to 2022, trans and gender diverse people have not seen similar progress, and continue to have unequal access to HIV prevention and treatment.[30]

"Globally, female, transgender, male and gender-diverse sex workers—especially those who are young—face many constraints when trying to access HIV and related health services. Limitations include criminalizing laws, harassment and violence from the police and clients, harmful gender norms that perpetuate gender-based discrimination and violence, severe social stigma, and discrimination by health-care staff." - UNAIDS, 2023 [31]

Criminalisation continues to be a significant barrier for access to health for key populations around the world, with 168 countries criminalizing some aspect of sex work, 67 countries criminalizing same-sex intercourse, 20 countries criminalizing trans and gender diverse people, and 145 countries criminalizing the use or possession of small amounts of drugs. [32]

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[26] UNAIDS, Priority and key populations especially transgender people, and the path to the 2025 targets: Reducing health inequities through tailored and systemic response, 2023, https://www.unaids.org/sites/default/files/media_asset/PCB52_Thematic_Segment_Background_Note.pdf.

[27] Ibid.

[28] Ibid.

[29] UNAIDS, HIV and young people who sell sex: A technical brief, 2015, https://www.unaids.org/sites/default/files/media_asset/2015_young_people_who_sell_sex_en.pdf.

[30] UNAIDS, Priority and key populations especially transgender people, and the path to the 2025 targets: Reducing health inequities through tailored and systemic response, 2023, https://www.unaids.org/sites/default/files/media_asset/PCB52_Thematic_Segment_Background_Note.pdf

[31] TGEU, Trans Murder Monitoring (TMM) Update: Trans Day of Remembrance 2022, https://transrespect.org/en/tmm-update-tdor-2022/.

[32] UNAIDS, Priority and key populations especially transgender people, and the path to the 2025 targets: Reducing health inequities through tailored and systemic response, 2023, https://www.unaids.org/sites/default/files/media_asset/PCB52_Thematic_Segment_Background_Note.pdf.

Criminalisation of any aspect of sex work, including client criminalisation, has negative outcomes for sex workers' health and safety, including reduced access to condoms and increased rates of violence. In Europe and Central Asia, all but one country (Belgium) still criminalize some aspect of sex work. Decriminalizing sex work could avert between 33% to 46% of HIV infections among sex workers and their clients over 10 years.

Stigma and discrimination also prevent access to healthcare. UNAIDS data shows that anywhere from 47% to 73% of trans and gender diverse people avoid seeking HIV testing due to stigma and discrimination. Trans and gender diverse people who have experienced stigma in healthcare settings are three times more likely to avoid healthcare than trans and gender diverse people who have not. In addition to decriminalising gender expression, gender recognition laws are an important step in countering that stigma and ensuring not only access to health, but also broader human rights for trans and gender diverse people. For example, in a study on the impact of legal reforms to allow change of gender on identity documents, reports of stigma and discrimination against transgender women fell from 80% to around 30% after introduction of the law[40]. Structural barriers, and their removal, have an intersectional impact on access to rights. As such, health cannot be viewed in isolation.

Europe and Central Asia

Of the 54 European and Central Asian countries monitored by TGEU via the Trans Rights Map [41], only 41 have measures in place for legal gender recognition. Of those 41, 28 still require a mental health diagnosis, 19 require divorce, and 11 require sterility. Only 11 base legal gender

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[33] UNAIDS, The Path that Ends AIDS: 2023 UNAIDS Global AIDS Update, 2023, https://thepath.unaids.org/wp-content/themes/unaids2023/assets/files/2023_report.pdf.

[34] Ibid. p.57

[35] Ibid.

[36] See sources 6-10 in UNAIDS, HIV and Sex Work - Human Rights Fact Sheet Series, 2021, https://www.unaids.org/sites/default/files/media_asset/05-hiv-human-rights-factsheet-sex-work_en.pdf.

[37] Shannon K, Strathdee SA, Goldenberg SM, Duff P, Mwangi P, Rusakova M,et al. Global epidemiology of HIV among female sex workers: influence of structural determinants. Lancet. 2015;385(9962):55–71.

[38] UNAIDS, HIV and Transgender and Other Gender-Diverse People - Human Rights Fact Sheet Series, 2021, https://www.unaids.org/sites/default/files/media_asset/04-hiv-human-rights-factsheet-transgender-gender-diverse_en.pdf.

[39] Socías ME, Marshall BD, Arístegui I, Romero M, Cahn P, Kerr T, et al. Factors associated with healthcare avoidance among transgender women in Argentina. Int J Equity Health. 2014;13(1):81.

[40] Fundación Huésped. Ley de identitad de género y accesso al cuidado de la salud de las personas trans en Buenos Aires : Fundacio Huésped; 2014.

[41] Visit interactive map here: https://transrightsmap.tgeu.org/home/.

recognition on self-determination, and only two provide full recognition to non-binary people. Further monitoring of non-discrimination laws, asylum, hate speech and crime laws, family laws, and health laws reveal ongoing inequalities and that many EU countries are not upholding their obligations to protect the rights of trans and gender diverse people. [42]

In Central Asia, LGBT people are still criminalised, with anti-discrimination legislation lacking in the majority of countries and frequent police attacks on safe spaces and LGBT civic space. Meanwhile, in the EU, anti-LGBT hate and violence is on the rise, with some countries launching legislative attacks against LGBT people and deliberately violating EU non-discrimination laws. ILGA Europe's Rainbow Map[43] shows the current state of LGBTI rights in Europe and Central Asia, and ranks countries across diverse criteria, ranging from protective legislation to civic space. In 2023, Europe had only achieved 38% of human rights objectives in ILGA's index.[44] These structural barriers are only further amplified when it comes to healthcare.

In Europe, as in other regions of the world, key populations lack access to the HIV services they need, despite continuing to be disproportionately affected by the epidemic. Eastern Europe and Central Asia (EECA) has the world's fastest growing HIV epidemic[45]. This is largely due to punitive laws, violence, stigma and discrimination against key populations, and the lack of prevention services for them. In 2022, median coverage of HIV prevention services in the EECA region was 66.3% among sex workers (based on eight reporting countries) and 77.0% among trans and gender diverse people (based on three reporting countries).[46] These inequalities are also intersectional. For example, a systematic literature review of studies covering the European Union/European Economic Area from 2009 to 2019 showed that HIV prevalence is much higher among trans and gender diverse sex workers than among cisgender sex workers.[47]

ECDC data indicates that HIV treatment coverage in Europe is uneven across key populations and reported by very few countries, making it difficult to have a clear picture of diagnoses, ART

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[42] TGEU, Fast Facts: Trans Rights Map - Europe and Central Asia 2023, 2023, https://tgeu.org/wp-content/uploads/2023/05/tgeu-trans-rights-map-2023-fast-facts-en.pdf.

[43] See https://www.rainbow-europe.org/.

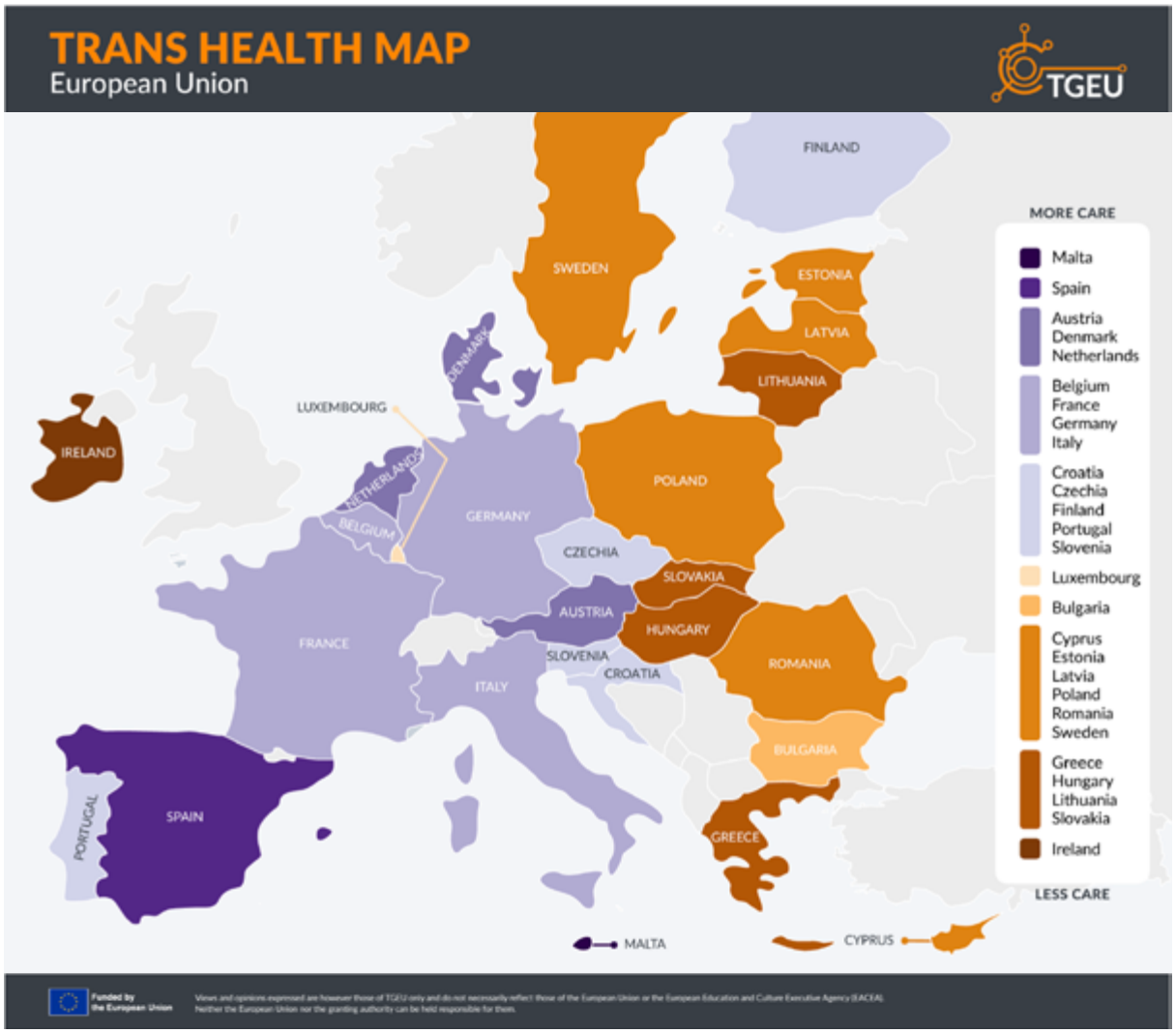
[44] ILGA Europe, 2023 Annual Review of the Human Rights Situation of Lesbian, Hay, Bisexual, Trans and Intersex People in Europe and Central Asia, 2023, https://www.ilga-europe.org/sites/default/files/2023/full_annual_review.pdf.

[45] European Centre for Disease Prevention and Control (ECDC), Continuum of HIV care - Monitoring implementation of the Dublin Declaration on partnership to fight HIV/AIDS in Europe and Central Asia: 2021 progress report, 2022, https://www.ecdc.europa.eu/sites/default/files/documents/Dublin-Continuum-of-HIV-care-2021-progress-report-final-with-covers-updated.pdf.

[46] UNAIDS, The Path that Ends AIDS: 2023 UNAIDS Global AIDS Update, 2023, https://thepath.unaids.org/wp-content/themes/unaids2023/assets/files/2023_report.pdf.

[47] In UNAIDS, The Path that Ends AIDS, 2023: Stengaard AR, Combs L, Supervie V, et al. HIV seroprevalence in five key populations in Europe: a systematic literature review, 2009 to 2019. Euro Surveill. 2021;26(47):2100044.

uptake and retention, and viral suppression.[48] Despite this, any successes in increased coverage for key populations were attributed to comprehensive, tailored, and stigma-free healthcare services, efforts to tackle societal stigma and discrimination through addressing structural barriers, and community engagement in the planning and delivery of services, all of which were highlighted as crucial to reaching key populations.[49]



European countries still have a long way to go in guaranteeing the right of trans people to quality, accessible, and acceptable trans-specific healthcare.

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[48] European Centre for Disease Prevention and Control (ECDC), Continuum of HIV care - Monitoring implementation of the Dublin Declaration on partnership to fight HIV/AIDS in Europe and Central Asia: 2021 progress report, 2022, https://www.ecdc.europa.eu/sites/default/files/documents/Dublin-Continuum-of-HIV-care-2021-progress-report-final-with-covers-updated.pdf.

[49] UNAIDS, The Path that Ends AIDS: 2023 UNAIDS Global AIDS Update, 2023, https://thepath.unaids.org/wp-content/themes/unaids2023/assets/files/2023_report.pdf.

A Way Forward

The above findings highlight the importance of recognizing that effective HIV services are not siloed, but rather integrated with other healthcare services that respond holistically to trans and gender diverse sex workers' healthcare needs throughout their life course.[50] The integration of HIV services with broader healthcare provision, particularly with the leadership and engagement of affected communities in the planning and delivery of those services, is increasingly recognized as the golden standard for person-centered care. Trans and gender diverse sex workers have specific healthcare needs in relation to HIV prevention and treatment, and beyond. If they are taking hormones, PrEP, PEP, and the ARVs they are given should be compatible. They may need access to gender-affirming care, or may need tailored advice about safer sex. These may be an even higher priority than HIV prevention or treatment, and should be integrated with HIV-related health services. Mental health, sexual and reproductive health, and harm reduction services should also be integrated into HIV programming to provide comprehensive care. All HIV service planning and delivery should be undertaken in partnership with trans and gender diverse sex workers to ensure that their needs are holistically addressed in a rights-affirming manner.[51]

[50] WHO, Consolidated guidelines on HIV, viral hepatitis and STI prevention, diagnosis, treatment and care for key Populations, 2022, https://www.who.int/publications/i/item/9789240052390.

[51] UNAIDS, Priority and key populations especially transgender people, and the path to the 2025 targets: Reducing health inequities through tailored and systemic response, 2023, https://www.unaids.org/sites/default/files/media_asset/PCB52_Thematic_Segment_Background_Note.pdf.

HIV programming in partnership with trans and gender diverse sex workers

Community Empowerment is the Foundation

Community empowerment has been globally recognized as the cornerstone of human rights-based HIV programming with key populations since the SWIT (Sex Worker Implementation Tool)[52] was launched in 2013. Developed through the leadership of sex workers in collaboration with UN agencies, the SWIT set forth a blueprint for community-centred and -led HIV and STI programming. This also catalysed the development of guidance with each of the key populations, including trans and gender diverse people in the subsequently published TRANSIT (Transgender Implementation Tool).[53]

Community leadership in the HIV response is recognized as a global priority in the 2021 Political Declaration on HIV and AIDS,[54] as well as in the Global AIDS Strategy.[55] The EU has also recognized the importance of promoting community leadership within the HIV response.[56]

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[52] World Health Organisation, United Nations Population Fund, Joint United Nations Programme on HIV/AIDS, Global Network of Sex Work Projects, The World Bank, Implementing comprehensive HIV/STI programmes with sex workers: practical approaches from collaborative interventions, 2013, https://www.who.int/publications/i/item/9789241506182.
See also NSWP, The Smart Sex Worker's Guide to SWIT, 2015, https://nswp.org/sites/default/files/Smart%20Guide%20to%20SWIT_PDF_0.pdf.

[53] United Nations Development Programme, IRGT: A Global Network of Transgender Women and HIV, United Nations Population Fund, UCSF Center of Excellence for Transgender Health, Johns Hopkins Bloomberg School of Public Health, World Health Organisation, Joint United Nations Programme on HIV/AIDS, United States Agency for International Development, Implementing comprehensive HIV and STI programmes with transgender people: practical guidance for collaborative interventions, 2016, https://www.unfpa.org/sites/default/files/pub-pdf/TRANSIT_report_UNFPA.pdf.

[54] UNAIDS, Political Declaration on HIV and AIDS: Ending Inequalities and Getting on Track to End AIDS by 2030, 2021, https://www.unaids.org/sites/default/files/media_asset/2021_political-declaration-on-hiv-and-aids_en.pdf

[55] UNAIDS, Global AIDS Strategy 2021-2026 — End Inequalities. End AIDS., 2021, https://www.unaids.org/sites/default/files/media_asset/global-AIDS-strategy-2021-2026_en.pdf.

[56] European Parliament, European Parliament resolution of 20 May 2021 on accelerating progress and tackling inequalities towards ending AIDS as a public health threat by 2030, 2021, https://www.europarl.europa.eu/doceo/document/TA-9-2021-0250_EN.html.

These documents provide the following targets to promote community leadership. By 2025, community-led[57] organisations administer:

- 30 per cent of testing and treatment services, with a focus on HIV testing, linkage to treatment, adherence and retention support, and treatment literacy;
- 80 per cent of HIV prevention services for populations at high risk of HIV infection, including for women within those populations;
- 60 per cent of programmes to support the achievement of societal enablers (reducing criminalisation, discrimination, and gender-based violence)

These recommendations have since been carried forward in the 2022 WHO Consolidated Guidelines,[58] which reaffirm these principles and elaborate on them. Drawing on these resources in the context of HIV programming in partnership with trans and gender diverse sex workers, the central guiding principles include:

1. Promoting community empowerment
2. Ensuring meaningful community participation[59] and leadership in the design, implementation, monitoring and evaluation of programmes
3. Addressing structural barriers to promote human rights and gender equality, and ensure access to justice
4. Ensuring programmes are holistic and complementary, integrating all of the services that trans and gender diverse sex workers need
5. Ensuring accessibility and acceptability of health services, and improving health literacy of trans and gender diverse sex workers

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[57] For an organisation to be considered community-led, the majority (at least fifty percent plus 1) of governance, leadership, and staff comes from the community being served. See footnote 27, p. 63 in UNAIDS, Global AIDS Strategy 2021-2026 — End Inequalities. End AIDS., 2021, https://www.unaids.org/sites/default/files/media_asset/global-AIDS-strategy-2021-2026_en.pdf.

[58] WHO, Consolidated guidelines on HIV, viral hepatitis and STI prevention, diagnosis, treatment and care for key Populations, 2022, https://www.who.int/publications/i/item/9789240052390.

[59] Meaningful participation means that a community is able to: choose how they are represented and by whom; choose how they are engaged in the process; choose whether to participate; and have an equal voice in how partnerships are managed. See World Health Organisation, United Nations Population Fund, Joint United Nations Programme on HIV/AIDS, Global Network of Sex Work Projects, The World Bank, Implementing comprehensive HIV/STI programmes with sex workers: practical approaches from collaborative interventions, 2013, https://www.who.int/publications/i/item/9789241506182.

The SWIT and TRANSIT describe the following elements of community empowerment:

- **Collaboration**: Partnering with trans and gender diverse sex workers in programming, and in all decision-making fora that affect them
- **Community leadership**: Fostering programmes and organisations led by trans and gender diverse sex workers
- **Collectivisation**: Developing and strengthening trans and gender diverse sex worker collectives; strengthening community systems
- **Capacity-building**: Building organisational and advocacy capacity of trans and gender diverse sex workers
- **Rights**: Promoting a human rights framework, shaping policy and creating enabling environments, addressing stigma
- **Sustaining the movement**: Supporting community mobilisation and sustaining the collectivisation and activism of trans and gender diverse sex workers; partnership and solidarity with other movements, including within/between sex worker and trans and gender diverse movements
- **Funding**: Mobilizing resources for the sustainability of trans and gender diverse sex worker leadership, including funding trans and gender diverse sex worker-led organisations, and building their resource mobilisation capacity

Community empowerment programs should be adapted to local needs and contexts, recognizing the diversity of communities. Both the SWIT and the TRANSIT provide extensive guidance on the dimensions of these elements, ways of implementing them, and indicators for measuring progress in each area. They also lay out a roadmap for programming that encompasses structural and health interventions, establishing their complementarity for efficacy. These are summarized and updated in the 2022 WHO Consolidated Guidelines.

Creating Enabling Environments

In addition to community empowerment, the 2022 WHO Consolidated Guidelines prioritize and elaborate structural interventions to tackle punitive legal environments, stigma and discrimination, and violence. These are called critical enablers because they are essential to ensuring the right to health, and cannot be separated from community empowerment or healthcare service delivery as essential interventions to the success of HIV/STI programming. These structural interventions are summarised below, with priority areas and additional needs identified by all key populations, as well as specifically by trans and sex working communities in red:[60]

- **Removing punitive laws, policies and practices:**
- Governments should work towards the decriminalisation of drug use/injecting, drug possession, sex work, same-sex activity, and nonconforming gender identities, and stop the unjust use of laws and regulations against key populations

- Laws, policies, and practices should be reviewed and revised where necessary, with meaningful engagement from key population groups, to increase key populations' access to services
- Ban compulsory treatment
- Ban the use of condoms as 'evidence' to arrest sex workers
- Work towards legal recognition for trans and gender diverse people

- **Reducing stigma and discrimination:**
- Governments should implement and enforce anti-discrimination and protective laws
- Policymakers and other leaders should collaborate with key population-led organisations to monitor and confront stigma and discrimination
- Health services should be made available, accessible, and acceptable to key populations, based on the principles of medical ethics, freedom from stigma and discrimination, and the right to health
- Specific actions that ban be taken to address stigma and discrimination in healthcare settings:[61]
- Conducting sensitisation and other training for health care workers, law enforcement officers, and others
- Providing information about health and health-related stigma
- Offering counselling and support services for key populations
- Promoting engagement between key populations and health care workers, law enforcement officers, and others
- Putting anti-stigma and anti-discrimination policies in place, with procedures for key populations to report discrimination
- Ensuring universal health care and professional, non-discriminatory care for key populations

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[60] Global key population networks conducted values and preferences surveys that informed the WHO Consolidated Guidelines. This list is adapted from the reported outcome of these surveys in the WHO Consolidated Guidelines, as well as from the two following community resources:

1.NSWP, Smart Sex Worker's Guide to the WHO Consolidated Guidelines on HIV, Viral Hepatitis and STI Prevention, Diagnosis, Treatment and Care for Key Populations, 2023, https://www.nswp.org/resource/nswp-smart-guides/smart-sex-workers-guide-the-who-consolidated-guidelines-hiv-viral.

2.GATE, Smart Guide for Trans and Gender Diverse Communities on WHO Consolidated Guidelines on HIV, Viral Hepatitis and STI Prevention, Diagnosis, Treatment and Care for Key Populations, 2023, https://gate.ngo/wp-content/uploads/2023/04/TGDSmartGuide-WHOGuidelinesHIV-GATE.pdf.

[61] NSWP, Smart Sex Worker's Guide to the WHO Consolidated Guidelines on HIV, Viral Hepatitis and STI Prevention, Diagnosis, Treatment and Care for Key Populations, 2023, https://www.nswp.org/resource/nswp-smart-guides/smart-sex-workers-guide-the-who-consolidated-guidelines-hiv-viral. See also GATE, Smart Guide for Trans and Gender Diverse Communities on WHO Consolidated Guidelines on HIV, Viral Hepatitis and STI Prevention, Diagnosis, Treatment and Care for Key Populations, 2023, https://gate.ngo/wp-content/uploads/2023/04/TGDSmartGuide-WHOGuidelinesHIV-GATE.pdf.

- **Addressing violence:**
- Violence against trans and gender diverse sex workers should be prevented and addressed in partnership with trans and gender diverse sex worker-led organisations.
- All violence against trans and gender diverse sex workers should be monitored and reported, and redress mechanisms should be established to provide justice.
- Provide health and support services to trans and gender diverse sex workers who experience violence, including comprehensive post-rape care to those who experience sexual violence
- Train law enforcement, health, and social care providers to recognize and uphold trans and gender diverse sex workers' human rights, and hold them accountable if they violate them
- Implement violence prevention measures as part of a holistic wellness approach
- Specific actions that the health sector can take to address violence:
- Providing comprehensive health services, including for sexual and reproductive health
- Providing referrals to other support services
- Gathering evidence through data and research
- Promoting prevention policies in other sectors
- Advocating for violence to be recognised as a public health problem and for resource allocation

- **Community empowerment:**
- Key population-led groups and organisations should be made essential partners and leaders in designing, planning, implementing and evaluating health services
- Programmes should implement a package of interventions to enhance community empowerment among key populations
- Put trans and gender diverse sex worker-led legal literacy programmes and services in place
- Promote peer outreach, peer-led services and drop-in centres
- Conduct advocacy and awareness-raising campaigns
- Promote capacity-building and resource mobilisation for key population-led organisations
- Conduct key population-led sensitisation trainings for health care staff, law enforcement, NGO workers, and the wider community
- Prioritise funding for key population-led programming and initiatives

[62] **Ibid.**

Community Leadership and Service Delivery

As a component of community empowerment, and as a cross-cutting element in all aspects of HIV programming, global key populations unanimously identified the scale-up of community-led interventions as a priority in the WHO Consolidated Guidelines. Community-led responses include:[63]

- Advocacy
- Campaigning and holding decision-makers accountable
- Monitoring policies, practices, and service delivery
- Research led by trans and gender diverse sex workers
- Education and information-sharing by and for trans and gender diverse sex workers
- Capacity-building
- Funding trans and gender diverse sex worker-led organisations, groups, and networks

Given the efficacy of community-led service delivery and the fact that key population communities unequivocally agreed it was their preferred mode of service delivery, the WHO Consolidated Guidelines endorse it as a best practice.[64] The Guidelines also formally recommend the following service delivery modalities:[65]

- Peer education or peer navigation (support and accompaniment from peers for healthservices)
- Task shifting (delegating tasks to key population community members which are traditionally done by health care professionals)
- Self-care (supporting people to improve their health)
- Online services (including online outreach, sharing information or linkage to care, social media and mobile applications)
- Integration (management and delivery of health services so that people can receive a range of prevention, testing, and treatment services more easily. WHO recommends integrating HIV, viral hepatitis, and STI services, along with other relevant health services, including those for sexual and reproductive health and mental health)
- Decentralisation (when health services are moved out from specialised health care facilities into more local health facilities)

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[63] WHO, Consolidated guidelines on HIV, viral hepatitis and STI prevention, diagnosis, treatment and care for key Populations, 2022, https://www.who.int/publications/i/item/9789240052390.

[64] WHO, Consolidated guidelines on HIV, viral hepatitis and STI prevention, diagnosis, treatment and care for key Populations, 2022, https://www.who.int/publications/i/item/9789240052390.

[65] NSWP, Smart Sex Worker's Guide to the WHO Consolidated Guidelines on HIV, Viral Hepatitis and STI Prevention, Diagnosis, Treatment and Care for Key Populations, 2023, https://www.nswp.org/resource/nswp-smart-guides/smart-sex-workers-guide-the-who-consolidated-guidelines-hiv-viral.

Essential Services

The above modalities are recommended for the delivery of HIV, viral hepatitis and STI service delivery by, with, and for key populations. Trans and sex working communities have already adapted the list of essential interventions in these areas to respond to community needs. These essential interventions include:[66]

Prevention of HIV, viral hepatitis and STIs:

- Ensure adequate supply of condoms and lubricant
- Offer a range of pre-exposure prophylaxis (PrEP) for HIV as a prevention choice for trans and gender diverse sex workers at substantial risk of HIV infection, including oral pre-exposure prophylaxis and long acting injectable cabotegravir for all trans and gender diverse sex workers, and the dapivirine vaginal ring for bodies with vaginas.
- Make post-exposure prophylaxis (PEP) for HIV and STIs available to trans and gender diverse sex workers
- Offer PEP, emergency contraception, and presumptive STI treatment to trans and gender diverse sex workers who have been raped
- Test for and treat HIV, syphilis, and hepatitis B tests during pregnancy to prevent vertical transmission
- Address chemsex through a comprehensive, non-judgmental approach

Diagnosis:

- Offer HIV testing services to all trans and gender diverse sex workers
- Support community-based HIV testing that is linked to prevention, treatment, and care services
- Trained lay providers (including trans and gender diverse sex workers) can conduct HIV testing services
- Offer HIV self-testing
- Screen and diagnose STIs for trans and gender diverse sex workers as part of a comprehensive response
- Offer period testing for asymptomatic STIs
- Make self-sampling for STI testing available
- Offer hepatitis C testing, including to trans and gender diverse sex workers with prior cleared infections
- Offer hepatitis B testing

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[66] This list is adapted from the reported outcome of these surveys in the WHO Consolidated Guidelines, as well as from the two following community resources:

3.NSWP, Smart Sex Worker's Guide to the WHO Consolidated Guidelines on HIV, Viral Hepatitis and STI Prevention, Diagnosis, Treatment and Care for Key Populations, 2023, https://www.nswp.org/resource/nswp-smart-guides/smart-sex-workers-guide-the-who-consolidated-guidelines-hiv-viral.

4.GATE, Smart Guide for Trans and Gender Diverse Communities on WHO Consolidated Guidelines on HIV, Viral Hepatitis and STI Prevention, Diagnosis, Treatment and Care for Key Populations, 2023, https://gate.ngo/wp-content/uploads/2023/04/TGDSmartGuide-WHOGuidelinesHIV-GATE.pdf.

Treatment:[67]

- Offer ART initiation to all trans and gender diverse sex workers living with HIV at any CD4 cell count
- Diagnose and treat STIs in a timely manner
- Offer hepatitis C treatment to all trans and gender diverse sex workers diagnosed with the virus
- Offer pan-genotypic DAA hepatitis C treatment to trans and gender diverse sex workers with recently acquired infection and ongoing risk

Broader health interventions:

- Offer screening for anal cancer in trans and gender diverse sex workers who are more likely to engage in anal sex
- Provide trans and gender diverse sex workers with equitable support and access to pregnancy planning and care
- Trans and gender diverse sex workers who can become pregnant can use, and should be offered, all methods of contraception to choose from
- Ensure access for trans and gender diverse sex workers to safe, evidence-based gender-affirming care. Trans and gender diverse sex workers who self-administer gender-affirming hormones require access to evidence-based information, quality products, and sterile injection equipment
- Provide regular mental health screening and management of mental health issues for trans and gender diverse sex workers
- Make self-sampling for cervical cancer available to trans and gender diverse sex workers with cervixes
- Fully decriminalise abortion and ensure that abortion laws and services protect the health and human rights of all women, including trans and gender diverse sex workers
- All trans and gender diverse sex workers should have access to evidence-based interventions for harmful alcohol or other substance use

Supportive interventions:

- Information and education which support key populations to understand their health, health risks, available services and legal rights
- Interventions which aim to increase demand (demand creation) for evidence-based HIV, viral hepatitis and STI services
- Supportive counselling which does not aim to change behaviours, and counselling for mental health issues.

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[67] **Periodic presumptive treatment (PPT) of STIs is no longer recommended due to health and ethical concerns. For community perspective, see p. 15 of WHO, Consolidated guidelines on HIV, viral hepatitis and STI prevention, diagnosis, treatment and care for key populations - Web Annex B. Values and preferences report, 2022, https://apps.who.int/iris/bitstream/handle/10665/360444/9789240053441-eng.pdf.**

Further considerations for programming

Critical Enablers Are Health Interventions

Decriminalisation of gender diversity, legal gender recognition, access to healthcare - especially gender-affirming healthcare and mental health services - and community empowerment ranked among the highest health priorities for trans and gender diverse people, including trans and gender diverse sex workers, surveyed in the development of the WHO Consolidated Guidelines.[68] Other priority structural reforms included the implementation of non-discrimination laws, and the monitoring of stigma and discrimination against trans people (including in healthcare settings).[69,70] These findings highlight the urgency of understanding and undertaking structural reform as a critical health intervention.

Unmet Needs: Trans-Specific, Affordable, Stigma-Free Services

Trans and gender diverse people, including trans and gender diverse sex workers, continue to lack access to trans-specific sexual and reproductive healthcare, and often face severe stigma and discrimination when trying to access these services via programs for the general population. In countries where healthcare systems address trans and gender diverse people, their healthcare needs beyond HIV remain largely unmet. Counselling and gender-affirming therapies are often not included in national healthcare systems or covered by insurance. Many trans and gender diverse people are also obligated to self-medicate due to the lack of affordable, acceptable, and quality sexual and reproductive healthcare. Hormone therapy administered without proper medical supervision carries risks of thromboembolism, liver dysfunction, breast cancer, and coronary artery disease. HIV and Hepatitis C transmission risks also increase when injection supplies are reused and shared. [71]

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[68] GATE, Trans and Gender Diverse Communities' Values and Preferences for HIV, Hepatitis, and STI Services: A Qualitative Study, 2022, https://gate.ngo/wp-content/uploads/2022/11/GATE-TGD-Values-and-Preferences-Report-2022.pdf.

[69] Ibid.

[70] STAR – The First Sex Workers Collective in the Balkans, HIV and Gender: Demands and needs of the transgender people in regards to HIV prevention in the Republic of North Macedonia, 2020, https://starsexwork.org/wp-content/uploads/2020/10/hivirod_en_w.pdf.

[71] NSWP, Briefing Paper: Sex Workers' Access to Comprehensive Sexual and Reproductive Health Services, https://www.nswp.org/sites/default/files/bp_sws_access_to_comp_srh_-_nswp_2018.pdf.

"While transgender and cisgender sex workers' SRH needs overlap in many ways, the SWIT has identified counselling, therapy, and referrals related to hormone therapy and other gender-affirming treatments as essential, transgender-specific SRH services."[72]

When trans and gender diverse people seek out healthcare, they frequently report facing stigma and discrimination from healthcare professionals.[73] This is exacerbated when their identity documentation does not match their gender, which is a significant source of stigma and discrimination for trans and gender diverse people when navigating healthcare systems.[74] A lack of specialized clinics, competent and sensitized healthcare professionals, and holistic healthcare provision are also major deterrents to trans and gender diverse people seeking healthcare. The result of these factors is that trans and gender diverse people often seek healthcare only when their situation has become dire.[75]

Limited access to HIV/STI testing is frequently reported by trans and gender diverse people, and HIV and STI prevention and information are still not tailored to the needs of the trans and gender diverse community. Most prevention services are tailored for gay and bisexual men, or else only include trans women. When available, services are often provided by NGOs rather than by the state. Many of these are cisgender LGB-led organisations, oftentimes focused on service provision to cisgender gay and bisexual men. This means that even in friendly clinics, doctors are often poorly informed about trans and gender diverse bodies, exposing trans and gender diverse patients to stereotyping or even discrimination. Across various community-run studies [76, 77, 78, 79] trans and gender diverse people – including trans and gender diverse sex workers – repeatedly highlighted the need for medical staff to be trained on trans-competent

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[72] Ibid., p. 7.

[73] STAR – The First Sex Workers Collective in the Balkans, Experiences and Perceptions of Sex Workers in the Republic of North Macedonia Regarding Access to and Use of HIV Prevention Methods: Condoms and Pre-Exposure Prophylaxis, 2020, https://starsexwork.org/wp-content/uploads/2020/07/Brief_summary_EN.pdf.

[74] STAR – The First Sex Workers Collective in the Balkans, Briefing Paper: Compatibility of the Existing Healthcare and Prevention Services with the Needs of Transgender People in North Macedonia, 2021, https://starsexwork.org/wp-content/uploads/2021/10/brifing_en.pdf.

[75] Ibid.

[76] GATE, Trans and Gender Diverse Communities' Values and Preferences for HIV, Hepatitis, and STI Services: A Qualitative Study, 2022, https://gate.ngo/wp-content/uploads/2022/11/GATE-TGD-Values-and-Preferences-Report-2022.pdf.

[77] STAR – The First Sex Workers Collective in the Balkans, HIV and Gender: Demands and needs of the transgender people in regards to HIV prevention in the Republic of North Macedonia, 2020, https://starsexwork.org/wp-content/uploads/2020/10/hivirod_en_w.pdf.

[78] TransActions, TransActions: A Project with Trans People Who Sell Sex, 2017, Transactions:_a_project_with_trans_sex_workers or https://transactionsproject.wordpress.com/why-get-involved/.

[79] TransActions, Health and Wellness Services: Learning from Trans Sex Workers to Provide Good Care, 2023, https://transactionsproject.files.wordpress.com/2023/07/transactions-booklet_colour.pdf.

STI and HIV care. They also highlighted the need for access to current, scientifically sound information on HIV and STI risk in a way that is community-friendly and relevant to their lived experiences. [80]

Hepatitis

Knowledge of and services related to Hepatitis C for trans and gender diverse people also appear to be limited, with very few prevention campaigns aimed at the trans and gender diverse community. However, community members have noted a potentially elevated risk for trans and gender diverse people due to unsafe sexual practices, as well as sharing needles for drug use, hormones, and silicone injections.[81] Data also shows that trans and gender diverse people are more likely to be using drugs than cisgender people.[82,83] It is therefore especially important that harm reduction programming, including NST and OST programs, be made accessible and acceptable to trans and gender diverse people, and that harm reduction providers be trained and sensitized to provide competent and non-judgemental care for trans and gender diverse people. Similarly, sterile equipment for self-administration of hormonal gender affirmation therapies, as well as educational materials on safe injecting, should be made available including in the context of harm reduction programming. This is critical not only for decreasing HIV risk, but also the risk of hepatitis B and C transmission.[84]

Chemsex and Harm Reduction

Chemsex appears to be more prevalent in the context of sex work, with trans and gender diverse sex workers reporting higher levels of drug use as part of their work, and noting the elevated risk of HIV acquisition from needle sharing or taking greater risks while under the influence of substances. However, the lack of resources and programs for trans and gender diverse people engaging in chemsex also makes it more difficult to seek care and education.

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[80] GATE, Trans and Gender Diverse Communities' Values and Preferences for HIV, Hepatitis, and STI Services: A Qualitative Study, 2022, https://gate.ngo/wp-content/uploads/2022/11/GATE-TGD-Values-and-Preferences-Report-2022.pdf.

[81] Ibid.

[82] STAR – The First Sex Workers Collective in the Balkans, HIV and Gender: Demands and needs of the transgender people in regards to HIV prevention in the Republic of North Macedonia, 2020, https://starsexwork.org/wp-content/uploads/2020/10/hivirod_en_w.pdf.

[83] UNAIDS, UNDP, UNFPA, UNODC, WHO, Penal Reform international, Technical Brief: Transgender People and HIV in Prisons and Other Closed Settings, 2022, https://www.unfpa.org/publications/technical-brief-transgender-people-and-hiv-prisons-and-other-closed-settings.

[84] STAR – The First Sex Workers Collective in the Balkans, HIV and Gender: Demands and needs of the transgender people in regards to HIV prevention in the Republic of North Macedonia, 2020, https://starsexwork.org/wp-content/uploads/2020/10/hivirod_en_w.pdf.

Even though similar programs are reported to exist for gay and bisexual men, they are cis-specific and do not address the vulnerabilities of transmasculine people. Access to education on safer substance use, access to clean injection supplies, peer-led services, and promoting access to formal employment opportunities are critical priorities for trans and gender diverse people with relation to chemsex.[85]

PrEP

PrEP remains inaccessible to the trans and gender diverse community, not only due to lack of rollout and accessibility of healthcare services, but also due to the lack of data on PrEP efficacy in combination with gender-affirming hormone treatment. There is also a great deal of misinformation about PrEP, including that it impacts the effects of hormones in the body, as well as a lack of knowledge that on-demand intake of PrEP is not recommended for trans and gender diverse people undergoing gender-affirming hormonal treatment or genital surgery due to a lack of evidence on PrEP efficacy in this context. Availability and information on dosing regimens and modalities also remains limited, particularly around the Dapivirine Vaginal Ring and injectable PrEP. Injectable PrEP was named as the preferred modality by trans and gender diverse people, as it meant reduced odds of forgetting to take daily medication, as well as reduced risk for being targeted by the authorities for being assumed to be HIV positive if arrested for being trans, gender diverse, or for engaging in sex work.[86] PrEP should always be made available as part of a comprehensive combination prevention package, and daily oral PrEP should particularly include the combination of tenophivir and emricitabine.[87]

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[85] GATE, Trans and Gender Diverse Communities' Values and Preferences for HIV, Hepatitis, and STI Services: A Qualitative Study, 2022, https://gate.ngo/wp-content/uploads/2022/11/GATE-TGD-Values-and-Preferences-Report-2022.pdf.

[86] Ibid.

[87] STAR – The First Sex Workers Collective in the Balkans, HIV and Gender: Demands and needs of the transgender people in regards to HIV prevention in the Republic of North Macedonia, 2020, https://starsexwork.org/wp-content/uploads/2020/10/hivirod_en_w.pdf.

Peer-Led and Community-Friendly Services

Numerous community reports from around the world confirm that peer-led facilities as well as peer outreach are seen as being the most effective, stigma-free ways to deliver HIV testing, prevention, and treatment services for trans and gender diverse sex workers.[88,89,90,91] Peer referral pathways are also crucial, given that trans and gender diverse sex workers often find and access services based on recommendation by another community member due to concerns about safety in healthcare settings.[92] Integration of services in this context is considered the optimal modality, with sexual health services and gender-affirming care being delivered by knowledgeable, trained, sex worker- and trans and gender diverse-identified staff, as the key to holistic care. This is why there is a continued need for greater funding of community-led healthcare.[93]

Even so, traditional healthcare facilities should still be accessible to trans and gender diverse sex workers, and collaboration should exist between them and community-led clinics.[94] Healthcare services should be made acceptable and available at all levels and regardless of the provider.[95] Sensitisation and specialisation of healthcare workers, along with the development and scale up of community-led organisations, are crucial for ensuring that trans and gender diverse sex workers have access to quality healthcare, and national adaptation of international guidance for human-rights affirming healthcare for trans and gender diverse people is sorely needed.[96]

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88 GATE, Trans and Gender Diverse Communities' Values and Preferences for HIV, Hepatitis, and STI Services: A Qualitative Study, 2022, https://gate.ngo/wp-content/uploads/2022/11/GATE-TGD-Values-and-Preferences-Report-2022.pdf.

89 STAR – The First Sex Workers Collective in the Balkans, Experiences and Perceptions of Sex Workers in the Republic of North Macedonia Regarding Access to and Use of HIV Prevention Methods: Condoms and Pre-Exposure Prophylaxis, 2020, https://starsexwork.org/wp-content/uploads/2020/07/Brief_summary_EN.pdf.

90 TransActions, TransActions: A Project with Trans People Who Sell Sex, 2017, Transactions:_a_project_with_trans_sex_workers or https://transactionsproject.wordpress.com/why-get-involved/.

91 TransActions, Health and Wellness Services: Learning from Trans Sex Workers to Provide Good Care, 2023, https://transactionsproject.files.wordpress.com/2023/07/transactions-booklet_colour.pdf.

92 Ibid.

93 GATE, Trans and Gender Diverse Communities' Values and Preferences for HIV, Hepatitis, and STI Services: A Qualitative Study, 2022, https://gate.ngo/wp-content/uploads/2022/11/GATE-TGD-Values-and-Preferences-Report-2022.pdf.

94 Ibid.

95 STAR – The First Sex Workers Collective in the Balkans, HIV and Gender: Demands and needs of the transgender people in regards to HIV prevention in the Republic of North Macedonia, 2020, https://starsexwork.org/wp-content/uploads/2020/10/hivirod_en_w.pdf.

96 STAR – The First Sex Workers Collective in the Balkans, Briefing Paper: Compatibility of the Existing Healthcare and Prevention Services with the Needs of Transgender People in North Macedonia, 2021, https://starsexwork.org/wp-content/uploads/2021/10/brifing_en.pdf.

Programmes Should Be Intersectional

One community research project showed that trans and gender diverse sex workers often feel marginalised in sex worker spaces as well as in trans and gender diverse spaces. The lack of intersectionality in service provision often means that trans and gender diverse sex workers find it hard to have their needs met as trans and gender diverse people and as sex workers, and face stigma for engaging in sex work even in spaces where they feel safe seeking trans-specific healthcare. Trans and gender diverse sex workers engage in sex work for different reasons and have diverse perspectives on their work. This diversity should be respected. As healthcare service users, trans and gender diverse sex workers need to be able to be honest about their work, and should not have to explain this or their gender identity in order to receive the appropriate support.

A community review of healthcare provision for trans and gender diverse sex workers identified the following good practices:

- Meeting the needs of trans and gender diverse sex workers intersectionally
- Having community representation among staff
- Recognition and understanding of identity, not having to explain being trans, gender diverse, or a sex worker
- Respectful treatment
- Focus on safety of the community and safe spaces

The same study identified the following harmful practices:

- Discrimination and judgment for engaging in sex work and/or being trans or gender diverse
- Refusal to recognize gender identity and use appropriate pronouns
- Receiving inappropriate advice regarding gender identity, gender-affirming services, and/or engagement in sex work
- Long waiting times
- Untrained, unknowledgeable healthcare providers who are unable to provide adequate, quality services

Trans and gender diverse sex workers expressed that their ideal services would integrate diverse forms of support, including counselling, assistance with housing, mental health support, and non-judgemental help with drugs and alcohol. They also raised the importance of safe spaces where members of the community could gather for mutual support, the importance

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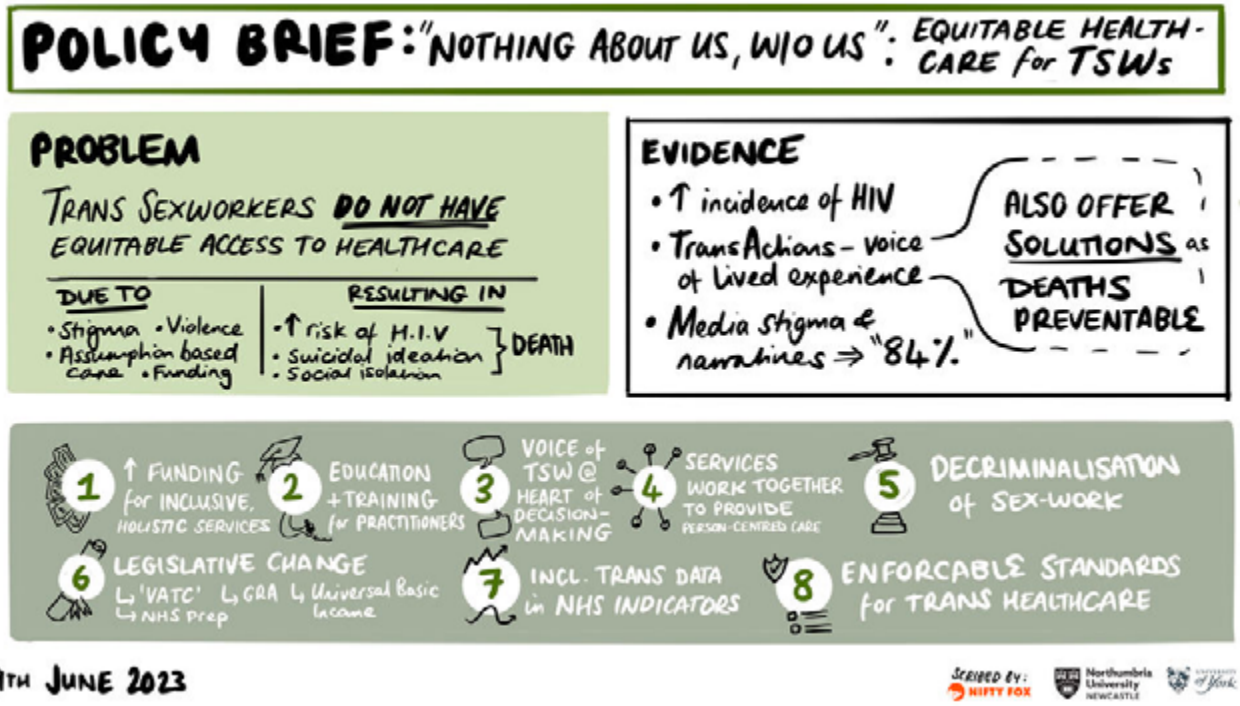
88 TransActions, Health and Wellness Services: Learning from Trans Sex Workers to Provide Good Care, 2023, https://transactionsproject.files.wordpress.com/2023/07/transactions-booklet_colour.pdf.

89 TransActions, TransActions: A Project with Trans People Who Sell Sex, 2017, Transactions:_a_project_with_trans_sex_workers or https://transactionsproject.wordpress.com/why-get-involved/.

90 TransActions, Health and Wellness Services: Learning from Trans Sex Workers to Provide Good Care, 2023, https://transactionsproject.files.wordpress.com/2023/07/transactions-booklet_colour.pdf.

92 Ibid.

of having someone to talk to without judgement, and the need for friendly staff who are themselves members of sex working and queer communities. Services should protect anonymity, be in a location that is community-based and additionally available outside of urban centers, have a flexible range of opening hours to align with trans and gender diverse sex workers' needs, and be delivered without delay when help is needed.[101] Services for trans and gender diverse sex workers should also always use inclusive language and not have a gender binary focus, and transmasculine and non-binary experiences and people should be included in healthcare services. Finally, and perhaps most crucially: trans and gender diverse sex workers should be engaged in projects as leaders and partners.[102]


POLICY BRIEF: "NOTHING ABOUT US, W/O US": EQUITABLE HEALTH-CARE for TSWs
PROBLEM
TRANS SEXWORKERS DO NOT HAVE EQUITABLE ACCESS TO HEALTHCARE
DUE TO
• Stigma • Violence
• Assumption based care • Funding
RESULTING IN
• ↑ risk of H.I.V
• Suicidal ideation
• Social isolation
} DEATH
EVIDENCE
• ↑ incidence of HIV
• TransActions - voice of Lived experience
• Media stigma & narratives ⇒ "84%"
ALSO OFFER SOLUTIONS as DEATHS PREVENTABLE
1 ↑ FUNDING for INCLUSIVE, HOLISTIC SERVICES
2 EDUCATION + TRAINING for PRACTITIONERS
3 VOICE of TSW @ HEART of DECISION-MAKING
4 SERVICES WORK TOGETHER TO PROVIDE PERSON-CENTRED CARE
5 DECRIMINALISATION of SEX-WORK
6 LEGISLATIVE CHANGE
↳ 'VATC' ↳ GRA ↳ Universal Basic Income
↳ NHS Prep
7 INCL. TRANS DATA in NHS INDICATORS
8 ENFORCABLE STANDARDS for TRANS HEALTHCARE
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[101] Ibid.

[102] TransActions, TransActions: A Project with Trans People Who Sell Sex, 2017, Transactions:_a_project_with_trans_sex_workers or https://transactionsproject.wordpress.com/why-get-involved/.

Recommendations

In addition to implementing guidance set forth by the SWIT, TRANSIT, and WHO Consolidated Guidelines, further measures for policymakers and implementers of health programming are recommended on the basis of community consultation and data.[103,104,105,106,107,108] The following recommendations should be implemented with respect for the human rights and diversity of trans and gender diverse sex workers, and apply the principle of partnering with them as decision makers and implementers in all areas that affect their lives.

Legal and Policy Reform

1. Decriminalise sex work, gender expression, drug use/injecting, drug possession, and same-sex activity and stop the unjust use of laws and regulations against trans and gender diverse sex workers. Erase any offenses related to these laws from criminal records.
2. Implement international human rights standards without discrimination, and create anti-discrimination laws and policies that protect against discrimination on the basis of gender identity/expression, sexual orientation, race, migration status, sex work or other characteristics across all sectors. Implement affirmative action measures in the fields of education and employment to ensure access to education and employment for trans people.
3. Implement transparent, efficient legal gender recognition procedures based on self-determination, without any additional requirements that pathologise trans and gender diverse people or their bodies.
4. Ensure that authorities and service providers (i.e., police, emergency and victim support service providers, judicial officers, healthcare workers) are

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103 TGEU, Guidelines to human rights-based trans-specific healthcare, 2019, https://tgeu.org/wp-content/uploads/2019/12/TGEU-Guidelines-to-Human-Rights-Based-Trans-specific-Healthcare-EN.pdf.

104 GATE, Trans and Gender Diverse Communities' Values and Preferences for HIV, Hepatitis, and STI Services: A Qualitative Study, 2022, https://gate.ngo/wp-content/uploads/2022/11/GATE-TGD-Values-and-Preferences-Report-2022.pdf.

105 TransActions, TransActions: A Project with Trans People Who Sell Sex, 2017, Transactions:_a_project_with_trans_sex_workers or https://transactionsproject.wordpress.com/why-get-involved/.

106 TransActions, Health and Wellness Services: Learning from Trans Sex Workers to Provide Good Care, 2023, https://transactionsproject.files.wordpress.com/2023/07/transactions-booklet_colour.pdf.

107 NSWP, Briefing Paper: The Needs and RIghts of Trans Sex Workers, 2014, https://www.nswp.org/sites/default/files/Trans%20SWs.pdf.

108 TGEU, The vicious circle of violence: Trans and gender-diverse people, migration, and sex work, 2017, https://transrespect.org/wp-content/uploads/2018/01/TvT-PS-Vol16-2017.pdf.

trained in responding to discrimination and violence against trans and gender diverse sex workers, and competent to give quality and non-judgemental support.

5. Ensure universal access for all trans and gender diverse people to healthcare, including quality, affordable gender-affirming and trans-specific healthcare, delivered by trained and knowledgeable professionals using a holistic and differentiated approach. Trans-specific healthcare protocol should be built on the idea that trans and gender diverse people are diverse and that they are all welcome, respecting their right to self-determination, to be free of discrimination and violence, and to exercise informed consent. Legislative reforms should:

    i. Guarantee access to trans-specific healthcare for all trans and gender diverse people
    ii. Depathologise trans and gender diverse identities
    iii. State all medical, psychological, social and other interventions to be offered by the healthcare system
    iv. Guarantee a wide variety of options that comprehensively address gender affirmation treatments and procedures, as well as broader healthcare needs
    v. Elaborate principles under which healthcare is to be provided
    vi. Ensure healthcare providers are trained
    vii. Prohibit conversion therapies and establish penalties for violating guidelines
    viii. Put in place monitoring mechanisms, a timeline, and a budget for implementation.

6. Ensure access to justice for trans and gender diverse sex workers, including remedies, redress, legal aid and compensation for survivors of violence, and that trans and gender diverse sex worker-led groups are involved in developing and providing support.

7. Implement a firewall between immigration authorities and other services, including healthcare and victim support.

8. Enhance police transparency and accountability, and ensure that trans and gender diverse sex worker-led groups are involved in monitoring of such measures.

9. Support the regularisation of irregular migrants, end deportations, and implement guidelines for sensitive and appropriate asylum processes on the basis of gender, gender identity/expression, and sexual orientation.

10. Ensure that asylum seekers, refugees, and migrants (regardless of their migration status) have access to welfare support and employment opportunities, and do not face criminal sanctions for illegal entry or stay.

11. Meaningfully engage trans and gender diverse sex workers in efforts to reform laws, policies, and practices. Take proactive measures to include trans and gender diverse sex workers - in all their diversity - in decision-making spaces (boards, panels, advisory groups, etc.).

Funding

1. Allocate funding to self-organized groups and organisations of trans and gender diverse sex workers who are engaged in activism and advocacy for the rights of their community, and build their technical and organisational capacities to engage in governance, advocacy, service delivery, and research in all areas that affect their lives.
2. Ensure that HIV funding specifically takes trans and gender diverse sex workers' needs into account, rather than assuming that those needs are met through programming for sex workers or other key populations.
3. Ensure that information regarding calls for proposals and other funding applications are shared with trans and gender diverse sex worker-led organisations, and simplify application procedures.
4. Ensure that labour rights, human rights, and the critical enablers identified in the WHO Consolidated Guidelines - community empowerment, legal reform, interventions to address violence, stigma, and discrimination - are priorities in calls for HIV funding.

Data

- Ensure trans-inclusive gender disaggregation of national HIV data.
- In collaboration with trans and gender diverse sex worker-led organisations, collect trans-inclusive data on discrimination, violence, and other inequalities in access to education, employment, healthcare, housing, justice, and other parameters as determined by trans and gender diverse sex workers.
- Engage trans and gender diverse sex workers as paid professionals in research design, implementation, data collection, and dissemination of findings.

Healthcare

1. Ensure that all healthcare programming, including national HIV planning, meaningfully includes trans and gender diverse sex workers, and meaningfully include trans and gender diverse sex workers in the design, delivery and evaluation of other supportive services (housing, counselling, education, etc.).
2. Respect the diversity of trans and gender diverse sex workers, and ensure that programming meets their needs intersectionality as trans and gender diverse people and as sex workers.
3. Support the professionalisation of trans and gender diverse sex workers to deliver HIV and STI services, and ensure that they are hired as paid staff in service delivery for trans and gender diverse sex workers.
4. Scale up peer-led services and initiatives, particularly trans and gender

diverse sex worker-led healthcare facilities and services, and ensure their linkage to national healthcare systems.

5. Integrate gender-affirming healthcare with HIV, viral hepatitis, and STI services, along with other relevant health services, including those for sexual and reproductive health, mental health, and harm reduction. Establish referral pathways to other critical services, such as assistance with housing, legal aid, and other forms of support, and ensure that professionals in those areas are sensitized and competent to provide non-judgemental services.

6. Ensure that healthcare providers are trained on trans and gender diverse sex worker needs and vulnerabilities, and are competent and able to provide intersectional, non-judgemental care.

7. Ensure that trans and gender diverse sex workers have access to tailored information using inclusive language on HIV, STIs, and viral hepatitis, and tailor all health programming and interventions to the needs and diversity of trans and gender diverse sex workers.

8. Guarantee confidentiality and anonymity of services.

9. Ensure that healthcare service points are community-based, that opening hours are flexible in line with the needs of trans and gender diverse sex workers, and that services are provided quickly and efficiently.

10. Recognize that community is resilience: provide safe community spaces and support community organizing for trans and gender diverse sex workers, including within healthcare spheres.

Further resources

Training and advocacy tools:

- ESWA, Training Manual on Sex Work, HIV, and Human Rights: https://d3n8a8pro7vhmx.cloudfront.net/eswa/pages/157/attachments/original/1631442929/icrse_training_manual_on_sex_work_hiv_and_human_rights_2015.pdf?1631442929
- ESWA, Sex Work and HIV in Europe Advocacy Tool Kit: https://d3n8a8pro7vhmx.cloudfront.net/eswa/pages/38/attachments/original/1631372127/Sex_Work_and_HIV_in_Europe-3.pdf?1631372127

Manuals and pamphlets:

- Prepster, Questions and Answers on PrEP: https://prepster.info/wp-content/uploads/2018/06/PrEP-QA-booklet-e-use.pdf
- Queer Health Info, Little Back Pocket Guides: https://www.queerhealth.info/projects/lbgt
- Queer Health Info, Everything we know about MPOX so far: https://www.queerhealth.info/projects/monkeypox
- Association Cabiria, Brochure Anale: https://www.instagram.com/p/CuHiIriNwko/?img_index=2
- MPACT, Anal About My Health Comics: https://mpactglobal.org/get-your-copy-of-anal-about-my-health-comics-issue-1/
- TransActions: research with trans people who sell sex, Outputs and Resources: https://transactionsproject.wordpress.com/
- Grunt, Sexual health and more for gay, bi and queer trans men: https://www.transhealthsa.com/wp-content/uploads/2018/02/grunt-booklet.pdf
- Trans Hub, HIV: https://www.transhub.org.au/hiv
- Trans Hub, Sexual Health: https://www.transhub.org.au/sexual-health
- Trans Hub, STIs: https://www.transhub.org.au/stis
- GATE, Resources for trans men: https://gate.ngo/our-work/projects/trans-men-hiv/

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